

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

04145

252

1. PLACE OF DEATH:

County Queen Anne's
 City or town Rural Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? about 3 days
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State California County Los Angeles
 City or town La Crescenta
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2834 Francis Ave
 (If rural, give LOCATION) ✓

2.(a) If veteran, name war

3. (a) FULL NAME

Martha W. Allshouse (A)

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Francis M. Allshouse
 6.(c) If alive, give age 43 years
 7. Birth date of deceased (mo., day, yr.) March 27, 1904
 8. AGE: Years 44 Months 0 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace Pittsburg Pa
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name William S. Stewart
 13. Birthplace Draddock Pa
 14. Maiden name Mary Ann Grace
 15. Birthplace Pittsburg Pa.

16. Informant Francis M. Allshouse
 Address Centerville Maryland

17. Burial Date thereof April 5-48
 (Burial, cremation, or removal. Which?) (Month) (day) (year)

Cemetery or crematory St. Matthew's
 Location Brookville Pa

18. Funeral director Bailey Bros
 Address Centerville Maryland

19. 4-1- 1948 Elise Armstrong
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1- 1948 at 6.2 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 29- 1948 to April 1- 1948
 and that I last saw him alive on March 29- 1948

Immediate cause of death

DURATION

Sarcophagus of ovary
and metastasis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. Henry Fisher

M. D. or other

Address Centerville Md Date signed 4/1-48

RECEIVED

APR 7 1948

BUREAU V. 8.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04146 213

1. PLACE OF DEATH: Incar Anne
 County Chester Md
 City or town Chester Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Md County Incar Anne
 City or town Chester
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME Mary Frances Bailey 3. (b) Social Security Number

4. Sex Female 5. Color or race col 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Perry Bailey 6.(c) If alive, give age 64 years
 7. Birth date of deceased (mo., day, yr.) March 14 - 1875
 8. AGE: Years 73 Months 0 Days 26 If less than one day
 hrs. min.

9. Birthplace Kent Island Md
 (Town, county, and state)
 10. Usual occupation House work

11. Industry or business
 12. Name Ferdin Taylor
 13. Birthplace Kentucky
 14. Maiden name Harnet Milder Taylor
 15. Birthplace Kent Island Md

16. Informant Perry Bailey (Husband)
 Address Chester Md

17. Burial Date thereof 4-12-48
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Chester
 Location Chester Md

18. Funeral director Edgar L. Lane
 Address Chick Hill Md

19. April 12 1948 Elizabeth Koster
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1948 at 8:50 PM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19 to 19
 and that I last saw h. alive on 19
 Immediate cause of death She was dead when I saw her - from history she had a severe coughing attack - blood gushed from nose & mouth & she was dead in 2 minutes
 Due to stroke - blood gushed from nose & mouth
 Due to stroke
 Other conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations. Date of op.

Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE W. Henry Fisher
Chick Hill Md M.D. or other
 Address Chick Hill Md Date signed 4/10/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 14 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of

age shown on:

FILM NO. G 115 APR 16 1948 CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No. 251

1. PLACE OF DEATH:

County Queen Anne's
 City or town Stevensville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 years
 Hospital, institution, or street address where death occurred:
Palmer's Nursing Home
 How long in hospital or institution? 5 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Ind. County Lucerne
 City or town Stevensville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mrs. Annie C. Bryan

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Julian C. Bryan

7. Birth date of deceased (mo., day, yr.) May 10, 1857
 6.(c) If alive, give age _____ years

8. AGE: Years 90 Months 11 Days 8
 If less than one day _____ hrs. _____ min.

9. Birthplace Cornicorah - Ind.
 (Town, county, and state)

10. Usual occupation Housewife11. Industry or business Own Home12. Name Mary Add13. Birthplace Queen Anne County14. Maiden name Susan A. Phillips15. Birthplace Queen Anne County16. Informant Mr. Julian BryanAddress Easton - Md.17. Burial Date thereof 4 5 48

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Stevensville CemeteryLocation Stevensville Ind.18. Funeral director Norman V. MarshallAddress St Michaels Ind19. 4-3 48 Edgard L. Kane

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 19 48 at 5:21 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2 19 48 to April 2 19 48and that I last saw her alive on March 1 19 48Immediate cause of death Myocardial InfarctionDue to Chronic HypertensionDue to ArteriosclerosisOther conditions Arthritis Deformans

(Include pregnancy within 3 months of death)

Major findings of operations _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

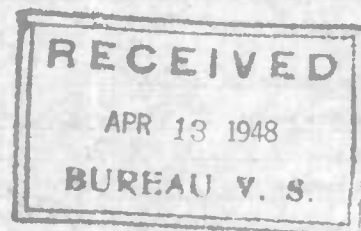
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Wm. H. Brice M. D. or other _____Address Stevensville Ind Date signed 4/2/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

04148 251

1. PLACE OF DEATH:

County... Queen Anne
 City or town... Public Highway - Britton Church Hill / Seabrook
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Kent
 City or town... Chesute
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 605 High St.

(If rural, give LOCATION)

2.(a) If veteran, name war... World War #2 ✓

3. (a) FULL NAME

John Michael Cassell

3. (b) Social Security Number

313-01-9053

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Nellie Marie Cassell

7. Birth date of deceased (mo., day, yr.)

September 14, 19166. (c) If alive, give age 26 years

8. AGE:

Years

Months

Days

If less than one day

31713

hrs.

min.

9. Birthplace

Russellville Tennessee
(Town, county, and state)

10. Usual occupation

Chapman

11. Industry or business

Elliot Bros. Trucking

FATHER

12. Name

Wm. L. Cassell

13. Birthplace

Tennessee

MOTHER

14. Maiden name

Vivie Darnapat

15. Birthplace

Tennessee

16. Informant

Mrs. Nellie Marie Cassell

Address

605 High St. Chesute Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Apr. 20 1948
(month) (day) (year)

Cemetery or crematory

Chesute Cemetery

Location

Chesute, Maryland

18. Funeral director

Marion V. Williams

Address

Chesute, Maryland

19.

(Date rec'd by registrar)

April 28 1948 Edgar L. Lane

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... April 27 1948 at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19..... to.....19.....

and that I last saw h..... alive on.....19.....

Immediate cause of death

Fracture of Skull

Due to

Auto accident -

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 4/27/48

Where did injury occur?

Church Hill
(City or town)20. Co.
(County)MD
(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. Henry Fisher

Address

Chesute Md. for use of Dr. Fisher

Date signed

4/28/48

RECEIVED

MAY 13 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH:

County Queen Anne's
City or town New Brunswick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Queen Anne's
City or town New Brunswick
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Wm Cottman

3. (b) Social Security Number

4. Sex male 5. Color or race col 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) 1986 8. (c) If alive, give age _____ years

8. AGE: Years 62 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace MD
(Town, county, and state)

10. Usual occupation Dyster Stucker

11. Industry or business _____

12. Name Dont know

13. Birthplace "

14. Maiden name "

15. Birthplace "

16. Informant Mr Hasokun's

Address Anneaustown MD

17. Burial Date thereof Apr 24/48
(Burial, cremation, or removal, Watch? month) (day) (year)

Cemetery or crematory Chestnut

Location Centerville, MD

18. Funeral director Barton Bros

Address Centerville, MD

19. Apr 24 19 48 Helen M. Adkins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1948 at ? M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him _____ alive, on _____ 19 _____

Immediate cause of death He was last seen alive on April 18-1948 - he was found dead in bed on April 24/48 DURATION

Due to He had been on a drunken spree

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. Henry Fisher

Address Centerville, MD Date signed 4/24/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41-251

1. PLACE OF DEATH

County 99
City or town 99
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 29
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Queen Anne
City or town Marydel Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. Rural
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME

Anna Pansiere

3.(b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Wences Pansiere

6.(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Feb 22, 1883

8. AGE: Years 65 Months 1 Days 12 If less than one day
hrs. min.

9. Birthplace Italy
(Town, county, and state)

10. Usual occupation H W

11. Industry or business

12. Name Anton Maynino

13. Birthplace Italy

14. Maiden name unknown

15. Birthplace Italy

16. Informant Wences Pansiere

Address Marydel Md

17. Burial (Burial, cremation, or removal. Which?) Burial Date interred 4/6/48

Cemetery or crematory Sudlersville

Location Sudlersville Md.

18. Funeral director Raymond B. Rawlings

Address Greenboro, Md.

19. Apr 4 1948 L M. Pippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1948 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated: That I attended deceased from Feb 1 1948 to April 3 1948 and that I last saw him alive on April 2 1948

Immediate cause of death Acute Cardiac Distention DURATION

Due to Chronic Hypertension

Due to Coronary Thrombosis

Other conditions Gr. Art. Asthenia

(Include pregnancy within 3 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

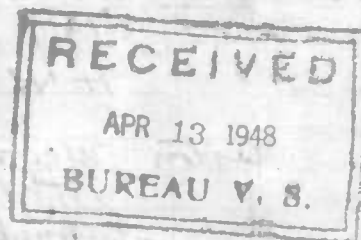
23. SIGNATURE @ M. Pippin M. D. or other

Address Sudlersville, Md Date signed 4/3/48

MARGIN RESERVED FOR BINDING

VS A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **253**

1. PLACE OF DEATH:

County **Queen Anne**
City or town **Chester**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **6 months**
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State **Maryland** County **Queen Anne**
City or town **Chester**
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Alice U. Selby

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) **JAN. 26, 1862**

8. AGE: Years Months Days It less than one day
86 3 4 hrs. min.

9. Birthplace **Carroll Co. Maryland**
(Town, county, and state)

10. Usual occupation **None**

11. Industry or business

12. Name **John N. Selby**

13. Birthplace **Maryland**

14. Maiden name **ANN Richardson**

15. Birthplace **Maryland**

16. Informant **Mrs. May S. Taylor**

Address **Chester, Md.**

17. **Burial** Date thereof **5-2-1948**
(Burial, cremation, or removal, etc.) (month) (day) (year)

Cemetery or crematory **Taylorville**

Location **Taylorville, Carroll Co. Md.**

18. Funeral director **E. M. Waltz**

Address **Winfield, Md.**

19. **April 30, 1948** Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH **April 30, 1948** at **12:30 P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Apr 2** 19 **48** to **Apr 30, 1948**

and that I last saw him alive on **Apr 30, 1948**

Immediate cause of death

Hypertension DURATION **10 mos**

Due to

Due to

Other conditions **Arteriosclerosis** **34 yrs.**

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **W. E. Snyder** M. D. or other

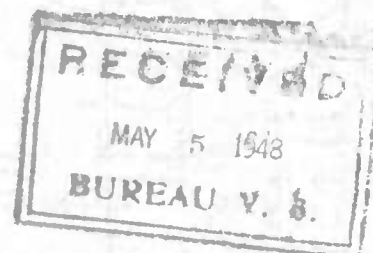
Address **Stevensville, Md.** Date signed **April 30, 1948**

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04152

Reg. Dist. No. 251

1. PLACE OF DEATH:

County Green Anne
City or town Church Hill
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County _____
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1215 W. Franklin
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Emmett C. Staples Jr.

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male Col. Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Jan 28 - 1922

8. AGE: Years 26 Months 2 Days 6 It less than one day _____ hrs. _____ min.

9. Birthplace Lynchburg Co. Virginia
(Town, county, and state)10. Usual occupation Crane Operator

11. Industry or business _____

12. Name Emmett C. Staples Sr.13. Birthplace Lynchburg Co. Va.14. Maiden name Josephine Foster15. Birthplace Lynchburg Co. Va.16. Informant Emmett C. Staples Sr.Address 1215 W. Franklin St. Balt.17. Burial Date thereof Apr. 7 - 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Arbutus Green ParkLocation Baltimore Co. Ind.18. Funeral director Holland Funeral HomeAddress 1631 Druid Hill Ave. Balt.19. 4/5 48 Edgar L. Lane
(Date rec'd by registrar) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased _____, to _____, and that I last saw him _____ alive on _____, 19 _____.

Immediate cause of death Fracture of skull& broken neck.

Due to _____

auto accident.

Due to _____

Other conditions _____

(include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident Date of 4/3-48

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? near Church Hill Ind.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) State HighwayMeans of injury auto accident Injured at work?23. SIGNATURE W. Harry Fisher
1017 Second Person 2a Co
Centerville Ind. M. D. or other _____Address _____ Date signed 4/5-48

RECEIVED

APR 13 1948

BUREAU V. S.